

REQUEST FOR PROPOSAL

SECTION 1: OVERVIEW

1.1 Background and Introduction

There are over 40,000 paramedics providing care in Canada. The Paramedic Association of Canada (PAC) represents over 20,000 paramedics across Canada. The Association is a national organization of health care providers that exists to promote quality and professional patient care through working relationships among organizations with similar interests. Over the years, PAC has taken a proactive approach to addressing national issues and priorities through policy creation and improving professional practice. The dedicated efforts of PAC members have improved the effectiveness and responsiveness of out of hospital care and advocated for the paramedic profession as a valued stakeholder and partner in the Canadian health system. PAC is committed to collaborating with other project partners to address the opioid crisis across all provinces and territories.

1.2 Purpose of the Request for Proposal (RFP)

Canada continues to face a serious and growing trend, with the Government reporting over 4,000 apparent opioid-related deaths in 2018, and CIHI reporting an estimated 12,800 deaths from opioid poisonings between January, 2016 and March, 2019. To address this crisis PAC, provided support to the Canadian Standards Association (CSA Group) under the Substance Use and Addictions Program (SUAP) delivered by Health Canada, to develop a standard to guide paramedics in their response to the opioid crisis.

The CSA Z1650, Paramedic response to the opioid crisis: Education and training across the treatment and care continuum in out-of-hospital and community settings national standard is planned for public review in February, 2020 and publication in March, 2021. The annotated table of contents for the standard is provided in **Annex A**, and a draft of the standard may be made available upon request to assist in the development of proposals in response to this RFP.

This project will develop two (2) toolboxes to communicate and promote the evidence-informed practices outlined in the standard. The toolboxes will include educational materials and training programs to support the dissemination of information.

1.3 Project Scope and Deliverables

Please see below for a description of the project scope and deliverables.

1. **Project Management** services

At a minimum project management support shall include coordination with the project team to:

- track project progress;
- ensure proper solutions are provided;
- provide research support for solutions;
- review issues that will impact execution of the project; and
- assemble all documentation covered in the project scope.

2. Development of a **Paramedic Education and Training Toolbox**

The paramedic education and training toolbox shall be developed based on the requirements outlined in the Z1650, Paramedic response to the opioid crisis: Education and training across the treatment and care continuum in out-of-hospital and community settings standard. The toolbox design shall include:

- the development of educational materials including:
 - web-based, self-paced, learning courses/modules;
 - live webinars (minimum of ten (10) sessions), with supported question and answer sessions, and webinar recording;
 - train-the-trainer sessions (minimum of ten (10) sessions across Canada), with pre-made PowerPoint presentations and workbooks to be used by trainers who attended the train-the-trainer session for use in their own regions; and
 - other proposed education and training toolbox components.
- the ability and supplementary content needed to customize training materials to meet the diverse needs of specific regions and populations within Canada;
- a curriculum guide for use by paramedic colleges, educators and trainers;
- separate content (maybe be adapted from the paramedic content) for other first responder communities (e.g., fire, police, search and rescue); and
- participant surveys to evaluate the quantity/diversity of people reached, information uptake, and utilization of the knowledge or skills gained from the paramedic toolbox.

3. Development of a **Community Information and Awareness Toolbox**

The content of the community information and awareness toolbox shall be influenced by the requirements outlined in the Z1650, Paramedic response to the opioid crisis: Education and training across the

treatment and care continuum in out-of-hospital and community settings standard. The toolbox design shall include:

- information and awareness tools for Canadian communities (e.g., family and peers, high-risk populations, overdose victims), including adapted tools for diverse and vulnerable populations, to be disseminated by healthcare stakeholder associations and paramedic service organizations.
 - the development of educational materials including but not limited to:
 - information packages;
 - PowerPoint presentations;
 - web-based, self-paced, learning courses/modules; and
 - webinars and podcasts.
 - train-the-trainer sessions (minimum of ten (10) sessions across Canada) to facilitate toolbox uptake, including pre-made PowerPoint presentations and workbooks to be used by trainers who attended the train-the-trainer session for use in their own regions;
 - participant surveys to evaluate the quantity/diversity of people reached, information uptake, and utilization of the knowledge or skills gained from the community information and awareness toolbox; and
 - tailored community information and awareness toolbox solutions (e.g., plain language, varied regional needs, translation into various languages) that meet the needs of various target populations.
4. Conduct **Pilot Roll-out** of toolboxes (items #2 and #3)
Pilot the Paramedic Education and Training Toolbox and Community Information and Awareness Toolbox with a limited audience, and conduct a minimum of two (2) training sessions to obtain feedback on the toolkit design, functionality, uptake, and impact.
5. Launch **Pan-Canadian Dissemination and Roll-out** of Toolboxes
Launch and dissemination the Paramedic Education and Training Toolbox and Community Information and Awareness Toolbox with a minimum of eight (8) training sessions per toolbox. Materials shall be provided to a national audience and data regarding participant quantity/diversity collected.
6. Conduct a **Post Implementation Analysis**
Analysis of the Paramedic Education and Training Toolbox and Community Information and Awareness Toolbox users to identify the:
- quantity/diversity of users;
 - percentage of users who report that they gained knowledge or skills from the toolboxes;

- percentage of users who report that they intend to use the knowledge or skills gained from the toolboxes;
- percentage of users who report that they intend to use the knowledge or skills gained from the toolboxes to generate organizational or behavioral change; and
- types of organizational or behavioral changes generated through the use of use the knowledge or skills gained from the toolboxes.

All education, training, and survey materials shall be made available in both English and French.

1.4 Delivery Schedule and Milestones

See **Annex B** for the delivery schedule as required for the deliverables listed above.

Note: The proponent is expected to provide regular updates and drafts upon request to the project's Review Committee and the project manager. These will be scheduled in consultation with the proponent.

1.5 Pricing and Payment Schedule

Funding up to a maximum of \$400,000 may be awarded. The prices and/or rates quoted as part of the proponent's proposal must not include any provision for taxes. PAC reserves the right to negotiate the total funding amount and an acceptable payment schedule during the contract period (March, 2019 – February, 2022) prior to the awarding of a contract.

SECTION 2: INSTRUCTIONS TO PROPONENTS

This Section sets out the instructions in the preparation and submission of the Proposal and the related procedures required by all Proponents to adhere to. Proponents are cautioned to carefully read and address the expectations in this RFP, as any deviation may cause PAC to no longer consider their Proposal.

2.1 Schedule

Milestone	Date
Issue RFP	January 15, 2020
Deadline for submitting questions	January 29, 2020 (23:59 Eastern Standard Time)
Receive submissions	February 05, 2020 (23:59 EST Time)
Final Selection	February 13, 2020

PAC reserves the right to amend the schedule set out in this Section Two to best meet its needs and obligations.

2.2 Proposal Format

Proposals must be submitted in Adobe form (.pdf). Proposals must be submitted in English and include all of the required content set out in Section Three.

2.3 Contact Person

Proposals must be submitted by electronic mail to:

Pierre Poirier
Executive Director, Paramedic Association of Canada
pierre.poirier@paramedic.ca

and

Sayward Fetterly
Project Manager, Health Care CSA Group
Email: sayward.fetterly@csagroup.org

2.4 Submission Date

Proposals must be received by no later than 23:59h (Eastern Standard Time) on February 05, 2019.

2.5 Late Proposals

It is the proponent's responsibility to submit their proposal on or before the Submission Deadline set out in Section 2.4. PAC is not responsible for any responses received after the stated closing date and time. In its sole discretion PAC may, but is not obligated to, consider any such response.

2.6 Questions

Sayward Fetterly, Project Manager, Health Care CSA Group (sayward.fetterly@csagroup.org) will also answer questions submitted by email no later than 23:59h (Eastern Standard Time) on January 29, 2019. PAC reserves the right share a copy of questions and answers with all proponents.

SECTION 3:

3.1 Required Content of the Request for Proposal

3.1.1

Overview of organization

3.1.2

Background and objectives

3.1.3

Credentials/ references regarding experience on equivalent projects

3.1.4

Examples of similar work previously completed

3.1.5

Relevant biographies of staff who will work on this project, together with an assurance that named staff will be available for the duration of the project to fulfill the project needs

3.1.6

Schedule of Work, including a detailed timeline of milestone completion and communication plan

3.1.7

Outline the technology that will be necessary to successfully implement the proposal

3.1.8

Detailed and itemized budget

SECTION 4: GENERAL CONDITIONS

4.1 Submission of Response to RFP

- By submitting a response to this RFP, each Proponent accepts its terms and conditions; and

- By submitting its response, each Proponent waives all claims, rights, demands and the benefit of any provisions of any statute, rule of law or regulation that might adversely affect the rights of PAC under this RFP.

4.2 **No Commitment**

No commitment on the part of PAC shall exist under this RFP unless and until a proponent is selected and PAC and that proponent have executed and delivered a contract.

4.3 **Acceptance of Terms**

This is a request for proposals and not a tender call. This RFP is subject to the terms and conditions in this Section 4, all of which the Proponent is deemed to accept without qualification by the Proponent's submission of a proposal in response to this RFP.

PAC does not assume or owe any contractual or other duties or obligations to a Proponent as a result of the issuance of this RFP, the preparation or submission of a proposal by a Proponent, the receipt, opening and consideration of a Proposal, the evaluation of Proposals, provision of additional information or conduct of presentations, the Proponent's participation in any discussions or negotiations, or on any other basis whatsoever arising out of this RFP.

PAC has the sole and absolute discretion to modify or amend this RFP, suspend or cancel this RFP at any time, reject any or all Proposals submitted in response to this RFP, request Proponents to provide additional information and address specific requirements not accurately or adequately covered in their initial submissions, accept any Proposal which in any manner, whether substantially or in a non-substantial or minor way, fails to conform to or comply with any of the requirements of this RFP, whether or not such requirements are expressed in mandatory terms, or reject any Proposal for any such non-conformity or non-compliance, or enter into post-submission negotiations and discussions with any one or more Proponent(s) regarding price, project scope, or any other term of a Proponent's submission, and such other terms as PAC may require, and to request additional information and clarification regarding any Proposal.

PAC is not liable for any costs incurred by Proponents or other interested parties in the preparation of any response to this RFP or subsequent interviews or for any liabilities, costs, losses or damages incurred, sustained or suffered by any such party, prior or subsequent to, or by reason of the acceptance or non-acceptance by PAC of any Proposal, or by reason of any delay in the acceptance of a Proposal.

No Proponent will have any Claim against PAC for any compensation of any kind whatsoever as a result of participating in this RFP process whether through preparation of or submittal a Proposal or otherwise. "Claim" in this RFP means any claim for costs of Proposal preparation, loss of anticipated revenues or profits, or any other compensation, costs, expenses, loss or damage whatsoever, including any incidental, indirect, special or consequential damages or liabilities, whether based on breach of contract including breach of any implied duty, breach of common law duty, tort, or any other cause of action, and includes without limitation any claim arising out of or attributable to the acceptance or the non-acceptance by PAC of any Proposal.

4.4 Evaluation

Proposals will be opened in private. PAC may assess any Proposal it receives on the basis of any one or more of the selection criteria set forth in this RFP, which criteria are not intended to be exhaustive, and/or any other criterion or factor considered appropriate by PAC. Price is not the sole determining factor.

PAC intends to undertake a comparative evaluation of any Proposals received and evaluate such Proposals based on considerations which, in its sole opinion, would yield to PAC the best value and may select any Proposal it considers to be in its best interests or the most satisfactory.

4.5 Final Selection

Following evaluation of all submitted Proposals, if a preferred Proponent is selected, the preferred Proponent will be notified accordingly. Subsequently, the preferred Proponent will be given the opportunity to enter into discussions with PAC toward finalizing and executing a contract for project services.

4.6 Limitation of Liability

PAC will have no liability to any person or entity for any damages, including, without limitation, direct, indirect, special or punitive damages, arising out of or otherwise relating to this RFP, the proponent's participation in this RFP process or PAC's acts or omissions in connection with the conduct of this RFP process. This limitation applies to all possible claims by a proponent, whether arising in contract, tort, equity, or otherwise, including, without limitation, any claim for a breach by PAC of a duty of fairness or relating to a failure by PAC to comply with the terms set forth in this RFP.

4.7 Confidentiality

A Proponent receiving this RFP may not use, disclose, or duplicate it for any purpose other than to prepare a response. The Proponent shall keep PAC's data confidential and shall not disclose its content to any other party, other than to those internal employees or agents responsible for preparing a submission, without the prior written approval of PAC.

PAC will not disclose or share one Proponent's response to this RFP with other organizations.

4.8 Acceptance or Rejection

PAC reserves the right to reject any or all Proposals, in whole or in part, without giving any reasons. Without limiting the generality of the foregoing, PAC may reject any Proposal which it deems:

- incomplete, obscure, irregular, unrealistic or non-compliant;
- has erasures, ambiguities, inconsistency or corrections; or
- fails to complete, or provide any information required by, any provision of this RFP.

Further, a Proposal may be rejected on the basis of PAC's understanding of the proponent's past record of work, its general reputation, its financial capabilities, the completion schedule or a failure to comply with any applicable law.

As it is the purpose of PAC to obtain Proposals most suitable to the Project and to further the interests of PAC and what it wishes to accomplish in carrying out the Project, PAC has the right to waive any irregularity or insufficiency or noncompliance in any Proposal submitted and to accept the Proposal or Proposals which it deems most favourable to its interests or to reject all Proposals and cancel the RFP.

In addition to any rights identified elsewhere in this RFP, PAC reserves the right to:

- add, delete or change the terms of this RFP at any time prior to the specified Closing Time;
- during the evaluation period, seek clarification of any proponent's Proposal, including obtaining consequential amendments thereto and additional information from any proponent;
- have any documents submitted by the proponent reviewed and evaluated by any party, including independent consultants;
- Alter or cancel the RFP process without penalty at any time for any reason; and

- negotiate and enter into an agreement with any proponent notwithstanding any noncompliance by the proponent's Proposal with any requirement of this RFP.

All proponents submitting a Proposal to this RFP will be advised of the results of the RFP process by email or regular mail.

4.9 **Subcontractors**

If the Proponent intends to use subcontractors or external third-party consultants in connection with any Services, the use of such must be clearly identified and explained in Proponent's response to this RFP. If a definitive agreement is entered between the parties, the Proponent agrees that it will indemnify and hold harmless PAC and its officers, directors, members, employees, and agents from all activities related to the Services provided by Proponent's subcontractors.

4.10 **Insurance**

It will be a condition of the contract for the services that the proponent maintain the following insurance coverage.

4.10.1 Commercial General Liability

The contractor shall provide and maintain Commercial General Liability Insurance coverage, during the Term of the Contract, to a limit of not less than \$2,000,000.00 per occurrence for bodily injury, death and damage to property including loss of use thereof, and not less than \$2,000,000.00 in the aggregate annually for products and completed operations liability. Such Insurance coverage shall be in the name of the Contractor and shall name the Paramedic Association of Canada as an Additional Insured thereunder.

4.10.2 Professional Liability Insurance

Professional Liability Insurance with a policy limit for each single claim of not less than \$1,000,000.00 to respond to errors and omissions and all other professional liability exposures associated with the project work. If such insurance is issued on a claims made basis, the policy must be maintained for the duration of the contract and include a 24 month extended reporting period.

4.10.3 Evidence of Insurance

Evidence of insurance reasonable satisfactory to PAC shall be provided by the Contractor's insurers by issuing insurance certificates to the Paramedic Association of Canada prior to the commencement of services and following thereafter within (30) days of every insurance policy renewal during the Term of

the Agreement. The certificates will state that the policies shall not be cancelled during the policy terms until after thirty (30) days written notice of cancellation has been given to PAC.

Annex A – Table of Contents for the CSA Z1650, Paramedic response to the opioid crisis: Education and training across the treatment and care continuum in out-of-hospital and community settings

Introduction

This Standard provides a framework to guide paramedic service organizations in addressing health promotion, prevention, harm reduction, and treatment of opioid use, addiction, and poisoning and overdose in out-of-hospital and community settings. This Standard is intended for use by paramedic services organizations and community partners.

Scope

This Standard provides a framework for the paramedic service organization's (PSO) response to the opioid crisis. The framework provides practical guidance on how to address opioid use in the out-of-hospital setting, including caring for individuals during a poisoning or overdose, as well as tracking the crisis across paramedic service organizations. In doing so, the Standard provides guidance regarding the full continuum of care including, the prevention, treatment, and referral of patients suffering from opioid use and addiction. To support paramedics in their out-of-hospital and community setting roles, the Standard addresses clinical practice, training and education, community engagement, and physical and psychosocial supports.

This Standard will not cover clinical opioid response and treatment procedures in an emergency room or hospital, nor will it cover emergency procedures for non-opioid poisoning and overdose.

Reference publications

The standard provides an outline of the publications directly referenced in the document.

Definitions and abbreviations

Key definitions and abbreviations utilized throughout the Standard are provided.

Framework

This Standard outlines the key components for a paramedic service organization's (PSO) to develop and implement a framework for harm reduction and response to opioid use, poisonings, and overdose in the community. An outline of the primary elements, policy statements, roles and responsibilities, and planning requirements are provided. In addition, the Standard provides direction regarding the role of community and stakeholder engagement as a key element of program success.

Education and training

A detailed outline of the recommended training requirements for qualified paramedics to maintain their education on opioid use, poisonings, and overdose

is included in the Standard. Guidance is also provided regarding the recommended requirements for paramedic training and education programs to identify and develop competencies on opioid use, poisonings, and overdose.

Model of Care for opioid use disorder in the out-of-hospital setting

The Standard requires that all PSO's develop and maintain a model of care for addressing opioid use, poisoning, and overdose within the community they serve. With each model of care being comprised of several programs selected to meet the needs of the community. The following programs are recommended for inclusion in the model of care and detailed guidance regarding the content of these programs is provided in the Standard:

- a) supervised consumption sites and overdose prevention sites;
- b) referral programs;
- c) Naloxone kits;
- d) prescription drug management and disposal resources; and
- e) public/community education programs.

Caring for individuals with opioid use, poisonings and overdose

The Standard outlines the procedural components required when caring for individuals with opioid use, poisonings and overdose or during follow up care post opioid use. Guidance is also provided for paramedics supporting public responders after an opioid use, poisonings or overdose event.

Supporting responders

Recommendations are provided regarding the training of paramedics to identify high risk opioid exposure situations. Guidance is also provided regarding the level of personal protective equipment needed for multiple exposure risks, and the appropriate reporting pathways should the responder be accidentally exposed to opioids. Due to the unique challenges paramedics face when working in areas with high opioid, poisonings and overdose rates the Standard also provides psychological support and resiliency recommendations.

Communication and tracking

Paramedics are recognized as providing a key role in the communication of opioid, poisoning and overdose information. The Standard outlines how PSOs can communicate this information to existing systems and to the communities in which they serve.

Review and evaluation

The Standard provides guidance regarding the need for ongoing review and evaluation of the framework for harm reduction and response to opioid use, poisonings, and overdose in the community.

Annexes

The following informative annexes are included in the standard:

- Guidelines for the support of supervised consumption sites

- Guidelines for the support of overdose prevention sites
- Naloxone Fact Sheet
- PPE Recommendations

Annex B – Project timeline and deliverables

Milestone	Due Date	Deliverable
Project team management	Ongoing	Coordinate and attend bi-weekly meetings. Provide summaries of meeting discussions and actions.
Material outline and training plan for the Paramedic Education and Training Toolbox and Community Information and Awareness Toolbox.	August 1, 2020 (~4 months)	<p>The material outline and training plan shall include at a minimum a report with the following elements:</p> <ul style="list-style-type: none"> • executive summary; • introduction; • problem statement; • methodology used to develop toolbox; • outline of toolboxes and training plan; • example outline of toolbox and training components; • outline of how the toolboxes will be adapted for other communities; • identification of barriers to implementation/adoption; • resolution strategy to overcome implementation/adoption barriers; • strategy for surveying potential toolbox users; and • post implementation data collection and analysis strategy.
Draft toolbox materials, training strategy, and participant data collection methods.	December 1, 2020 (~4 months)	<p>Draft Paramedic Education and Training Toolbox and Community Information and Awareness Toolbox materials shall be presented for review. Materials shall be:</p> <ul style="list-style-type: none"> • provided in the anticipated format for release; • be accompanied by a report outlining the: <ul style="list-style-type: none"> ○ strategy for the pilot roll-out; ○ method of material distribution; ○ strategy for the full training/release; and

		<ul style="list-style-type: none"> ○ participant data collection methods. <p>If surveys will be used for participant data collection, draft surveys shall be provided at this time.</p>
Final toolbox materials, training strategy, and participant data collection process provided in English.	February 1, 2021 (~2 months)	<p>The final Paramedic Education and Training Toolbox and Community Information and Awareness Toolbox materials shall be:</p> <ul style="list-style-type: none"> • provided in their final format; and • be accompanied by a report outlining the: <ul style="list-style-type: none"> ○ strategy for the pilot roll-out; ○ method of material distribution; ○ strategy for the full training/release; and ○ participant data collection methods. <p>If surveys will be used for participant data collection, copies of these surveys shall be provided at this time.</p>
Final toolbox, training, and participant data collection materials provided in French.	April 16, 2021 (~2.5 months)	Copies of all toolbox, training, and participant data collection materials shall be provided in French.
Launch pilot roll-out of Toolboxes	May 1, 2021	Pilot roll-out timeline.
Revised toolbox materials, training strategy, and participant data collection strategies post Toolbox roll-out. (All updates shall be completed for both English and French materials.)	August 16, 2021 (~3.5 months)	<p>A report with the following elements shall be provided:</p> <ul style="list-style-type: none"> • executive summary; • introduction; • information learned from the pilot roll-out; • outline of changes made to the toolbox and training plan; and • anticipated impact of the toolboxes. <p>The revised Paramedic Education and Training Toolbox and Community Information and Awareness Toolbox materials shall be:</p>

		<ul style="list-style-type: none"> • provided in their final format; and • be accompanied by a report outlining: <ul style="list-style-type: none"> ○ the method of material distribution; ○ timeline for training/release; and ○ participant data collection methods. <p>If surveys will be used for participant data collection, copies of these surveys shall be provided at this time.</p> <p>Final copies of all toolbox, training, and participant data collection materials shall be provided in English and French.</p>
Launch Pan-Canadian Dissemination and Roll-out of Toolboxes	September 1, 2021	Toolbox dissemination and roll-out timeline.
Complete Pan-Canadian Dissemination and Roll-out of Toolboxes	January 1, 2022 (4 months)	<p>A detailed outline of the:</p> <ul style="list-style-type: none"> • quantity of participants reached; • participant demographics; and • anticipated impact of the toolboxes.
Final report with post implementation analysis results	February 1, 2022	<p>The final report shall include at a minimum the following elements:</p> <ul style="list-style-type: none"> • executive summary; • introduction; • problem statement; • methodology used to develop toolbox pre and post pilot roll-out; • outline of how the toolboxes were adapted for different communities; • detailed outline of toolbox rollout including quantity of participants reached and participant demographics;

		<ul style="list-style-type: none">• detailed explanation of results from the post implementation analysis; and• results from the post implementation analysis including the:<ul style="list-style-type: none">○ quantity/diversity of users;○ percentage of users who report that they gained knowledge or skills from the toolboxes;○ percentage of users who report that they intend to use the knowledge or skills gained from the toolboxes;○ percentage of users who report that they intend to use the knowledge or skills gained from the toolboxes to generate organizational or behavioral change; and○ types of organizational or behavioral changes generated through the use of use the knowledge or skills gained from the toolboxes.
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